

as Ms. McGillicuddy did, and make this Congress a place that more folks can be proud of instead of simply cynical about.

Indeed, members of the freshman class, our newest Members of this Congress, under the able leadership of the gentleman from Maine [Mr. ALLEN], but including both Republicans and Democrats, have come together with a proposal to ban soft money and to make certain other modest reforms in our system. Yet their proposal, though it has been discussed briefly on this floor, has never come forward for full debate because Speaker GINGRICH refuses to schedule any proposal on campaign finance at a time that it might really make a difference for the next election.

To understand why he will not schedule this proposal, one need only look at his comments over time. A few months after he had shaken hands with President Clinton and promised bipartisan campaign finance reform, he had this to say in a committee of this Congress:

"One of the greatest myths of modern politics is that campaigns are too expensive. The political process, in fact, is underfunded; it is not overfunded."

I think the people that are out there tending to their families, tending to their gardens across America, and looking at this Congress with periodic interruptions for 30-second TV spots do not share the Speaker's enthusiasm for spending more and more money on our elections. They want honest, bipartisan reform. We call on Speaker GINGRICH again this morning to give us that by scheduling campaign finance reform and a ban on soft money immediately.

END BAN ON NEEDLE EXCHANGE

The SPEAKER pro tempore (Mr. MILLER of Florida). Under the Speaker's announced policy of January 21, 1997, the gentlewoman from the Virgin Islands [Ms. CHRISTIAN-GREEN] is recognized during morning hour debates for 5 minutes.

Ms. CHRISTIAN-GREEN. Mr. Speaker, on Thursday this House voted for an amendment that would ban the use of Federal funds for needle exchange programs, programs that have been proven to reduce the transmission of HIV, the virus which causes AIDS, programs which without question save lives, and which have never been shown to increase the use of injectable or other drugs. In fact, what has been shown is that persons using these programs are more likely to enter treatment when treatment is available.

I realize, Mr. Speaker, that it was recently reported that AIDS is no longer the leading cause of death for Americans between the ages of 25 and 44. While that may be true for European-Americans, it is definitely not true for my patients in the African-American community or other minorities. Women are still disproportionately affected, and in most of these cases, the

transmission is related to intravenous drug use.

Health experts have said that the greatest threat to our public health are legislative bodies such as this. Last Thursday, we may have proved this statement true again.

As a physician who has taken care of patients with AIDS and who has taken care of patients who are addicted to drugs, I look to our colleagues in the conference committee to do the right thing and delete this amendment out of the final legislation. Choose life, my colleagues. Choose life.

IN THE NAME OF OUR CHILDREN'S HEALTH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 21, 1997, the gentleman from Massachusetts [Mr. MCGOVERN] is recognized during morning hour debates for 5 minutes.

Mr. MCGOVERN. Mr. Speaker, I have taken to this well many times before to speak about the steps that my home State of Massachusetts has taken to guarantee that no child goes without proper health care. This is not a recent phenomenon. Massachusetts has long been a national leader on the issue of children's health.

Some 70 years ago, President Calvin Coolidge, a Massachusetts native, declared the first Monday in October as National Child Health Day. While an issue as important as children's health certainly merits our Nation's full attention, past generations have unfortunately let this day fall from our national calendar. With the help of my Republican colleague, the gentleman from Illinois [Mr. PORTER], and through the hard work of the American Health Foundation, I am proud to declare that Child Health Day is once again getting the attention that it deserves.

Mr. Speaker, no single issue has the potential to impact the future of the United States more than the health of our kids. This issue goes to the heart of our ability to compete globally and will profoundly impact America's ability to lead the world in the 21st century. As President Coolidge stated in his proclamation back in 1928:

The protection and development of the health of the children of today are fundamental necessities to the future progress and welfare of the Nation.

We know that children without adequate health care will cost our Nation dearly if we fail to act now. These children, many of whom come from hard-working families, often fail to excel in schools for reasons that are wholly preventable. No child in America should suffer academically because they cannot afford proper eyeglasses. No child in America should suffer permanent hearing loss because they cannot afford to have an ear infection treated. As a Nation that seeks to compete in an increasingly global economy, we simply cannot afford to have preventable ill-

nesses keep our young people from reaching their fullest potential.

There is a rather simple solution to the challenge of keeping kids healthy, and that is preventative care. A dollar spent on immunizations saves \$10 later in a child's life, yet some 25 percent of our Nation's 2-year-olds go without immunizations. Every year 400,000 children go without the medicines their doctors have prescribed because they are uninsured or their parents simply cannot afford to pay for these prescriptions. This simply must change.

But even children with adequate health care coverage should become active participants in Child Health Day. Too many of our Nation's youth suffer from poor nutrition, bad oral hygiene or failure to exercise. And thousands of young people each year become victims of substance abuse, including drugs, alcohol, and tobacco. These are health risks that cross all socioeconomic lines and habits that will only worsen in time.

Mr. Speaker, we can act decisively on each of these important health issues. Back home in Massachusetts I have taken several steps to bring the full weight of volunteers, community leaders, nonprofit groups and State and local government officials to bear on many of the negative trends I have mentioned. On October 6, National Child Health Day, Massachusetts will proudly unveil the first and only State report card on children's health, quantifying our Commonwealth's strengths and weaknesses. I am also inviting hundreds of people throughout Massachusetts to attend a forum on November 1 which will seek to find long-term solutions to the challenges that we identify.

On Thursday of this week, the gentleman from Illinois [Mr. PORTER] and I will hold a bipartisan luncheon here in the Capitol to build support for National Child Health Day next month. I encourage all Members who would like to hold Child Health Day events in their districts to attend. Together we can reach across political, social, and cultural boundaries to help prepare our children for healthy and successful lives.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until 12 noon.

Accordingly (at 10 o'clock and 53 minutes a.m.), the House stood in recess until 12 noon.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker at 12 noon.